KINNIC LONG TERM CARE
1663 EAST DIVISION STREET

1663	EAST.	$DT\Lambda$	ISTON	STREET
			_	

RIVER FALLS 54022 Phone: (715) 426-600	00	Ownership:	Limited Liability Company
Operated from 1/1 To 12/31 Days of Operation	n: 365	Highest Level License:	Skilled
Operate in Conjunction with Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds Set Up and Staffed (12/31/05):	68	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Capacity (12/31/05):	68	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/05:	64	Average Daily Census:	62

Age, Gender, and Primary Diagnosis	Length of Stay (12/31/05)	8						
Primary Diagnosis	Age Groups 	* *						
Developmental Disabilities	0.0	Under 65	7.8	More Than 4 Years	26.6			
Mental Illness (Org./Psy)	29.7	65 - 74	7.8					
Mental Illness (Other)	9.4	75 – 84	26.6		100.0			
Alcohol & Other Drug Abuse	0.0	85 - 94	37.5					
Para-, Quadra-, Hemiplegic 0.0		95 & Over	20.3	Full-Time Equivalent Nursing Staff per 100 Residents				
Cancer	ncer 3.1							
Fractures	1.6	İ	100.0	(12/31/05)				
Cardiovascular	7.8	65 & Over	92.2					
Cerebrovascular	12.5			RNs	7.1			
Diabetes	9.4	Gender	%	LPNs	11.6			
Respiratory	4.7			Nursing Assistants,				
Other Medical Conditions	21.9	Male	20.3	Aides, & Orderlies	43.7			
		Female	79.7					
	100.0	İ						
		İ	100.0					

Method of Reimbursement

		edicare			edicaid itle 19		Other		Private Pay			Family Care			Managed Care					
Level of Care	No.	90	Per Diem (\$)	No.	୧	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	- Of
Int. Skilled Care	 1	20.0	369	4	10.5	157	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	5	7.8
Skilled Care	4	80.0	369	32	84.2	134	0	0.0	0	21	100.0	151	0	0.0	0	0	0.0	0	57	89.1
Intermediate				2	5.3	111	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	2	3.1
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depender	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	5	100.0		38	100.0		0	0.0		21	100.0		0	0.0		0	0.0		64	100.0

Admissions, Discharges, and		Percent Distribution	n of Residents'	Conditi	ons, Services, an	d Activities as of 12/	31/05
Deaths During Reporting Period		 		%	Needing		Total
Percent Admissions from:		Activities of	8	Ass	istance of	% Totally	Number of
Private Home/No Home Health	13.3	Daily Living (ADL)	Independent	One (Or Two Staff	Dependent	Residents
Private Home/With Home Health	2.9	Bathing	0.0		78.1	21.9	64
Other Nursing Homes	7.6	Dressing	10.9		70.3	18.8	64
Acute Care Hospitals	73.3	Transferring	20.3		75.0	4.7	64
Psych. HospMR/DD Facilities	0.0	Toilet Use	18.8		79.7	1.6	64
Rehabilitation Hospitals	0.0	Eating	54.7		34.4	10.9	64
Other Locations	0.0	*******	******	*****	******	******	*****
Total Number of Admissions	105	Continence		%	Special Treatmen	ts	%
Percent Discharges To:		Indwelling Or Extern	nal Catheter	10.9	Receiving Resp	iratory Care	15.6
Private Home/No Home Health	28.0	Occ/Freq. Incontiner	nt of Bladder	59.4	Receiving Trac	heostomy Care	0.0
Private Home/With Home Health	11.2	Occ/Freq. Incontiner	nt of Bowel	37.5	Receiving Suct	ioning	0.0
Other Nursing Homes	7.5				Receiving Osto	my Care	3.1
Acute Care Hospitals	15.0	Mobility			Receiving Tube	Feeding	1.6
Psych. HospMR/DD Facilities	1.9	Physically Restraine	ed	0.0	Receiving Mech	anically Altered Diets	31.3
Rehabilitation Hospitals	0.0						
Other Locations	0.0	Skin Care			Other Resident C	haracteristics	
Deaths	28.0	With Pressure Sores		4.7	Have Advance D	irectives	87.5
Total Number of Discharges		With Rashes		10.9	Medications		
(Including Deaths)	107				Receiving Psyc	hoactive Drugs	78.1

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

*****************	*********	******	******	*****	******	******	*****	******	*****	
		Bed	Size:	Lic	ensure:					
	This Proprietary			50	-99	Ski	lled	Al	1	
	Facility	Facility Peer Group Peer Group			Group	Peer	Group	Facilities		
	%	%	Ratio	%	Ratio	%	Ratio	%	Ratio	
Occupancy Rate: Average Daily Census/Licensed Beds	91.2	85.8	1.06	86.3	1.06	88.8	1.03	88.1	1.04	
Current Residents from In-County	46.9	81.3	0.58	80.0	0.59	83.2	0.56	77.6	0.60	
Admissions from In-County, Still Residing	10.5	16.8	0.63	18.8	0.56	18.7	0.56	18.1	0.58	
Admissions/Average Daily Census	169.4	216.2	0.78	180.5	0.94	177.7	0.95	162.3	1.04	
Discharges/Average Daily Census	172.6	217.8	0.79	178.7	0.97	179.2	0.96	165.1	1.05	
Discharges To Private Residence/Average Daily Census	67.7	100.9	0.67	87.1	0.78	83.4	0.81	74.8	0.91	
Residents Receiving Skilled Care	96.9	97.2	1.00	96.4	1.00	96.3	1.01	92.1	1.05	
Residents Aged 65 and Older	92.2	91.5	1.01	93.5	0.99	91.3	1.01	88.4	1.04	
Title 19 (Medicaid) Funded Residents	59.4	61.7	0.96	59.0	1.01	61.8	0.96	65.3	0.91	
Private Pay Funded Residents	32.8	19.4	1.69	24.5	1.34	22.5	1.46	20.2	1.63	
Developmentally Disabled Residents	0.0	0.9	0.00	0.8	0.00	1.1	0.00	5.0	0.00	
Mentally Ill Residents	39.1	28.9	1.35	31.6	1.24	34.8	1.12	32.9	1.19	
General Medical Service Residents	21.9	23.7	0.92	26.1	0.84	23.0	0.95	22.8	0.96	
Impaired ADL (Mean)	45.6	47.9	0.95	47.8	0.96	48.4	0.94	49.2	0.93	
Psychological Problems	78.1	59.1	1.32	57.6	1.36	59.5	1.31	58.5	1.34	
Nursing Care Required (Mean)	8.4	7.1	1.19	7.0	1.20	7.2	1.17	7.4	1.13	